STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY				
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	01	COMPLETED		
		155625	B. WING		02/19/2013		
				ADDRESS, CITY, STATE, ZIP CODE			
NAME OF F	PROVIDER OR SUPPLIEF	₹		CENTRAL AVE			
ARBOR (	GROVE VILLAGE			ISBURG, IN 47240			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)		
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	COMPLETION		
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	DATE		
K010000							
		ode Recertification and	K010000	The creation and submission of			
		Survey was conducted by		this plan of correction does no constitute an admission by this			
	the Indiana State	e Department of Health in		provider of any conclusion set			
	accordance with	42 CFR 483.70(a).		forth in the statement of			
	Survey Date: 02/19/13			deficiencies, or of any violation regulation. This provider respectfully requests that the	n of		
	Facility Number: 000305 Provider Number: 155625 AIM Number: 100287200  Surveyor: Mark Bugni, Life Safety Code Specialist			2567 Plan of Correction be			
				considered the letter of credibl	е		
				allegation.			
	At this I ife Safe	ety Code survey, Arbor					
	Grove Village w	•					
		Requirements for					
		Medicare/Medicaid, 42					
	_	3.70(a), Life Safety from					
		0 edition of the National					
		Association (NFPA) 101,					
	Life Safety Code	e (LSC), Chapter 19,					
	Existing Health	Care Occupancies and					
	410 IAC 16.2.						
	This one story fa	acility was determined to					
		00) construction and fully					
	sprinklered. The facility has a fire alarm						
	system with smoke detection in the						
	_	s open to the corridors,					
		ated smoke detectors in					
	all resident sleep	oing rooms. The facility					
			I	l .			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any defiency statement ending with an asterisk (\*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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AND PLAN OF CORRECTION  IDENTIFICATION NUMBER:  155625		A. BUII B. WIN	LDING	01 	COMPL 02/19/	ETED	
	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE  1021 E CENTRAL AVE  GREENSBURG, IN 47240				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES  CY MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	Ē	(X5) COMPLETION DATE
	has a capacity of 65 at the time of	89 and had a census of this visit.					
	All areas where is access were spring providing facility sprinklered.  Quality Review Is Safety Code Specon 02/22/13.  The facility was	residents have customary nklered and all areas reservices were  by Robert Booher, Life cialist-Medical Surveyor  found not in compliance ntioned regulatory					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			(X2) M	ULTIPLE CO	NSTRUCTION	(X3) DATE S	SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A BIII	LDING	01	COMPL	COMPLETED	
		155625	B. WIN		<del></del>	02/19/	2013	
			D. 1111		ADDRESS, CITY, STATE, ZIP CODE	<u> </u>		
NAME OF F	PROVIDER OR SUPPLIER				CENTRAL AVE			
ARBOR (	GROVE VILLAGE				ISBURG, IN 47240			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT	ΓE	COMPLETION	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE	
K010018 SS=E	than required end openings, exits, of substantial doors of 13/4 inch solid-becapable of resisting minutes. Doors in only required to resmoke. There is closing of the door with a means suit closed. Dutch do permitted. 19.3 Roller latches are regulations in all I Based on observe facility failed to doors would late of smoke with not the doors. This of 22 residents who Hall.  Findings include  Based on observe a tour of the facility failed to doors. This of 22 residents who Hall.  Findings include  Based on observer a tour of the facility failed to doors. This of 22 residents who Hall.	corridor openings in other closures of vertical or hazardous areas are such as those constructed conded core wood, or ong fire for at least 20 in sprinklered buildings are easist the passage of no impediment to the core. Doors are provided cable for keeping the door cors meeting 19.3.6.3.6 are 3.6.3  The prohibited by CMS contained the ensure 2 of 107 corridor in the ensure 2 of	KO	10018	what corrective action(s) will be accomplished for those resided found to have been affected by the deficient practice The doors have been repaired by the Maintenance Director and now have no issues with gapping of latching, how other residents having the potential to be affected by the same deficient practice be identified and what corrective action(s) will be taken All reside have the potential to be affected by the alleged deficient practice. The doors were repaired by the Maintenance Director and now have no issues with gapping of latching. All doors were inspected and no others identified as having issues, what measure will be put into place or what systemic changes will be made ensure that the deficient practice does not recurrently.	nts  y  s  r  cted  will  ve  ents  ed  r  fied  es  e to  ce	03/08/2013	

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Event ID: XZPZ21

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	01	COMPLETED	
		155625	B. WING		02/19/2013	
	PROVIDER OR SUPPLIE  GROVE VILLAGE  SUMMARY S	R STATEMENT OF DEFICIENCIES	1021 E	ADDRESS, CITY, STATE, ZIP CODE E CENTRAL AVE NSBURG, IN 47240  PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX TAG		NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	COMPLETION DATE	
IAG	latch into the do verified by the i the time of obse	oor frame. This was maintenance supervisor at ervations and confirmed by or at the 2:00 p.m. exit	IAG	be conducted to ensure that a doors appropriate close and la without gapping by the Maintenance Director and/or designee.how the corrective action(s) will be monitored to ensure the deficient practice v not recur, i.e., what quality assurance program will be purinto placeThis will be monitored through the monthly fire drills the environment CQI conducte monthly for 6 months to ensure that all doors properly close at latch without gapping. Any isseidentified during the routine monitoring will be addressed timely by the Maintenance Director and/or designee. This will be reviewed by the Quality Assurance Committee and accipant developed for any area lower than 90%.	vill t ed and ed ee end sues	

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Facility ID: 000305

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  155625  NAME OF PROVIDER OR SUPPLIER  A. BUILDING B. WING  STREET ADDRESS, CITY, STATE, ZIP CODE 1021 E CENTRAL AVE GREENSBURG, IN 47240  (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  K010025 SS=E  LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at STREET ADDRESS, CITY, STATE, ZIP CODE 1021 E CENTRAL AVE GREENSBURG, IN 47240  (X5) PREFIX (EACH CORRECTION (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  K010025 SS=E  LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at Location and ball beautiful to the state of	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			(X2) MI	JLTIPLE CO	NSTRUCTION	(X3) DATE S	SURVEY
NAME OF PROVIDER OR SUPPLIER  ARBOR GROVE VILLAGE  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  K010025 NFPA 101 Smoke barriers are constructed to provide at  STREET ADDRESS, CITY, STATE, ZIP CODE 1021 E CENTRAL AVE GREENSBURG, IN 47240  (X5) PROVIDERS PLAN OF CORRECTION (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE)  K1010025 NFPA 101 Smoke barriers are constructed to provide at	AND PLAN	OF CORRECTION	CTION IDENTIFICATION NUMBER:	A BUII	DING	01	COMPL	ETED
ARBOR GROVE VILLAGE  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  K010025 NFPA 101 SS=E LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at  1021 E CENTRAL AVE GREENSBURG, IN 47240  (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  COMPLET TAG  SPECIAL TOTAL OF THE APPROPRIATE DATE  1021 E CENTRAL AVE GREENSBURG, IN 47240  (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  COMPLET TAG  SPECIAL TOTAL OF THE APPROPRIATE DATE  COMPLET TAG  COMPLET TAG  SPECIAL TOTAL OF THE APPROPRIATE DATE  COMPLET TAG  COMPLE			155625				02/19/	2013
ARBOR GROVE VILLAGE  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  K010025 SS=E LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at  GREENSBURG, IN 47240  (X5) PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  COMPLET TAG  SPROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  COMPLET TAG  SPROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  COMPLET TAG  SPROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  COMPLET TAG  SPROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  COMPLET TAG  SPROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  COMPLET TAG  SPROVIDERS PLAN OF CORRECTION (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  COMPLET TAG  SPROVIDERS PLAN OF CORRECTION (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  COMPLET TAG  SPROVIDERS PLAN OF CORRECTION (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  COMPLET TAG  COMPLET TAG  SPROVIDERS PLAN OF CORRECTION (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  COMPLET TAG  SPROVIDERS PLAN OF CORRECTION (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  COMPLET TAG  COMPLET TAG  SPROVIDERS PLAN OF CORRECTION (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG  COMPLET TAG  SPROVIDERS PLAN OF CORRECTION (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG  SPROVIDERS PLAN OF CORRECTION (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG  COMPLET TAG  SPROVIDERS PLAN OF CORRECTION (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG  SPROVIDERS PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED	NAME OF F	ROVIDER OR SUPPLIER	OR SUPPLIER					
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  K010025 S=E  LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at  (EACH DEFICIENCY)  PREFIX TAG  COMPLET DATE								
TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  KO10025 NFPA 101  SS=E LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at	` ′							` ′
K010025 NFPA 101 SS=E LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at		*				CROSS-REFERENCED TO THE APPROPRIAT	ΓE	
SS=E LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at				+	IAG	BEIGERET		DATE
accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.4		LIFE SAFETY CO Smoke barriers at least a one half he accordance with 8 terminate at an at protected by fire-riglass panels and of two separate of on each floor. Dad duct penetrations ducted heating, via conditioning system 19.1.6.3, 19.1.6.4 Based on observa- facility failed to smoke barriers at smoke barriers at provide a one had rating. LSC 8.3. barriers shall be outside wall to at deficient practices who reside on the Findings included Based on observa- maintenance sup during a tour of to 1:40 p.m., the room smoke barriers at to 1:40 p.m., the room smoke barriers at the room smoke barriers at the room smoke barriers at the country of the to 1:40 p.m., the room smoke barriers at the country of the to 1:40 p.m., the room smoke barriers at the supped; a. The 400 Centry of the country of the	SAFETY CODE STANDARD  The barriers are constructed to provide at a one half hour fire resistance rating in lance with 8.3. Smoke barriers may atte at an atrium wall. Windows are ted by fire-rated glazing or by wired barriers and steel frames. A minimum separate compartments are provided the floor. Dampers are not required in genetrations of smoke barriers in fully a heating, ventilating, and air oning systems. 19.3.7.3, 19.3.7.5, 19.3.7.3, 19.1.6.4  on observation and interview, the refailed to ensure 1 of 1 ceiling barriers and 5 of 107 room wall barriers were maintained to the atom and an outside wall. This can be continuous from an are wall to an outside wall. This can practice could affect 30 residents are side on the 400 Hall.  In the side of the facility from 9:20 a.m.  In the practice could affect grand and smoke barriers were not fire digital to the stopping material.	K01	0025	accomplished for those resider found to have been affected by the deficient practiceAll smoke barriers were corrected so that each area identified is now fire stopped by the Maintenance Director.how other residents having the potential to be affect by the same deficient practice be identified and what correctivaction(s) will be takenAll reside have the potential to be affected by the alleged deficient practice. Rounds were conducted to ensure that all smoke barriers appropriately fire stopped. No other areas identified what measures will be put into place what systemic changes will be made to ensure that the deficient practice does not recurRoutine rounds will be conducted by the Maintenance Director and/or designee to ensure that all smobarriers are properly fire stoppe All areas identified during rounds.	nts  y  cted will ve ents ed ce. are  oke ent ee oke nds	03/08/2013

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	OF CORRECTION IDENTIFICATION NUMBER:	(X2) MULTIPLE CONS	01	(X3) DATE SURVEY  COMPLETED
	155625	A. BUILDING B. WING		02/19/2013
			DRESS, CITY, STATE, ZIP CODE	
NAME OF I	PROVIDER OR SUPPLIER		ENTRAL AVE	
ARBOR (	GROVE VILLAGE	GREENS	BURG, IN 47240	
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
			(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	TE
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  west wall under the sink had a two foot by one foot area of drywall missing around the plumbing.  c. The 400 Hall activity mechanical room west wall had a one inch gap around an electrical conduit with no fire stopping material.  d. The 400 Hall activity mechanical room ceiling had a one inch gap around a square metal air return duct which was not firmly affixed to the ceiling.  e. The 400 Hall ice machine room east wall had a one inch gap around the ice machine water supply line with no fire stopping material.  f. The 400 Hall activity storage room east wall had a one inch gap around three capped off water pipes with no fire stopping material.  This was verified by the maintenance supervisor at the time of observations and confirmed by the administrator at the 2:00 p.m. exit conference on 02/19/13.	PREFIX TAG  N d a e n a ir ttl a v v	(EACH CORRECTIVE ACTION SHOULD BE	COMPLETION DATE
	3.1-19(b)			

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Event ID: XZPZ21

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MI	JLTIPLE CC	ONSTRUCTION	(X3) DATE	SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUII	DING	01	COMPL	ETED
		155625	A. BUII B. WIN			02/19/	2013
			D. WIIN		ADDRESS, CITY, STATE, ZIP CODE		
NAME OF P	ROVIDER OR SUPPLIER				CENTRAL AVE		
ARBOR (	SROVE VILLAGE		GREENSBURG, IN 47240				
					100010, 111 47240		
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5)
PREFIX	•	CY MUST BE PRECEDED BY FULL	PREFIX		CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		COMPLETION
TAG		LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCE		DATE
K010027 SS=E	NFPA 101 LIFE SAFETY CO	ODE STANDARD					
33-E		smoke barriers have at					
		fire protection rating or are					
		hick solid bonded wood					
		protective plates that do not					
	exceed 48 inches	from the bottom of the					
		d. Horizontal sliding doors					
		.14. Doors are self-closing					
	or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7 Based on observation and interview, the facility failed to ensure 1 of 6 sets of						
			K01	0027	what corrective action(s) will b	Δ	03/08/2013
			1201	.0027	accomplished for those reside		03/06/2013
	•				found to have been affected by		
		oors would restrict the			the deficient practiceThe actuator		
		oke for at least 20			was repaired by the Maintenar		
		Section 19.3.7.6 requires			Director so that the smoke bar		
	that doors in smo	oke barriers shall comply			doors close without gapping.he	OW	
	with LSC, Section	on 8.3.4. LSC, Section			other residents having the potential to be affected by the		
	8.3.4.1 requires of	doors in smoke barriers to			same deficient practice will be		
	close the opening	g leaving only the			identified and what corrective		
		nce necessary for proper			action(s) will be takenAll reside	ents	
		is defined as 1/8 inch to			have the potential to be affected	ed	
	•	ement of smoke. This			by the alleged deficient practic		
					The coordinator was repaired	•	
	-	e could affect 30 residents			the Maintenance Director so the	ıat	
	who reside on 40	JU Hall.			the smoke barrier doors close without gapping. All other smo	nke	
					barrier doors were inspected, a		
	Findings include	:			no others identified as having		
					issues.what measures will be	out	
	Based on observa	ation with the			into place or what systemic		
	maintenance sup	ervisor on 02/19/13 at			changes will be made to ensur		
	•	00 Hall dining room set of			that the deficient practice does		
	-	oors had a three inch gap			not recurSmoke barrier doors be inspected during monthly fi		
		rs in the closed position.			drills to ensure proper function		
		d by the maintenance			without gapping by the	.5	
	inis was verified	a by the mannenance			Maintenance Director and/or		
							I

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		IDENTIFICATION NUMBER:  155625	A. BUILDING  B. WING	01	COMPLETED 02/19/2013		
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE  1021 E CENTRAL AVE  GREENSBURG, IN 47240				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE		
	confirmed by the	time of observation and administrator at the 2:00 ence on 02/19/13.		designee.how the corrective action(s) will be monitored to ensure the deficient practice wont recur, i.e., what quality assurance program will be put into placeThis will be monitore through the monthly fire drills at the Environment CQI monthly 6 months. This will be reviewed monthly by the Quality Assura Committee, and action plans who be developed for areas under 90%. All issues identified thromonitoring will be addressed timely by the Maintenance Director and/or designee.	and for ed nce		

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Event ID: XZPZ21

Facility ID: 000305

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			(X2) M	ULTIPLE CC	ONSTRUCTION	(X3) DATE S	SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING 01 COMPLETED			ETED		
		155625	B. WIN			02/19/	2013	
					ADDRESS, CITY, STATE, ZIP CODE			
NAME OF F	PROVIDER OR SUPPLIER				CENTRAL AVE			
ARBOR (	GROVE VILLAGE				ISBURG, IN 47240			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	``	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	ΓE	COMPLETION	
TAG		LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE	
K010029 SS=E	hour fire-rated do automatic fire ext accordance with a protects hazardou approved automatic separated from or resisting partitions self-closing and in protective plates inches from the bight permitted. 19.3 Based on observing facility failed to to 1 of 8 storage square feet in size combustible item closing devices with door to automatic the door frame. could affect 20 rethe 100 Hall.  Findings include Based on observing must be accorded as a self-closing devices with the door frame. Could affect 20 rethe 100 Hall.  Findings include Based on observing must be accorded as a self-closing device. In a self-closing device and self-closing device. In a self-closing device are self-closing device are self-closing device. In a self-closing device are self-c	ed construction (with <sup>3</sup> / <sub>4</sub> ors) or an approved inguishing system in <sup>3</sup> / <sub>4</sub> .1 and/or 19.3.5.4 us areas. When the tic fire extinguishing used, the areas are ther spaces by smoke is and doors. Doors are ion-rated or field-applied that do not exceed 48 ottom of the door are <sup>3</sup> / <sub>4</sub> .2.1 ation and interview, the ensure the corridor door rooms measuring over 50 are used for storage of this was provided with self which would cause the cally close and latch into This deficient practice esidents who reside on	KO	10029	what corrective action(s) will be accomplished for those reside found to have been affected by the deficient practiceA self clost device was installed on the doto the storage area affected by the alleged deficient practice by the Maintenance Director.how other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be takenAll reside have the potential to be identified by the alleged deficient practice self closing device was installed on the door to the storage area affected by the alleged deficient practice by the Maintenance Director. All other areas were inspected, and no others were identified as being affected.wh measures will be put into place what systemic changes will be made to ensure that the deficient practice does not recurAll area were inspected to ensure that	ents  y sing or  y ents ied e.e.A ed a nt eer eer eer eer eer	03/08/2013	

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Event ID: XZPZ21

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	OF CORRECTION	IDENTIFICATION NUMBER:  155625	(X2) MULTIPLE CO A. BUILDING B. WING	01	COMPLE 02/19/2	ETED		
	PROVIDER OR SUPPLIE	R	STREET ADDRESS, CITY, STATE, ZIP CODE  1021 E CENTRAL AVE  GREENSBURG, IN 47240					
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ATE	(X5) COMPLETION DATE		
	administrator at 02/19/13 at 2:00 3.1-19(b)	the exit conference on ) p.m.		areas requiring a self closing device were in compliance. Nother areas were identified. Routine rounds will be condut to ensure that all areas required a self closing device will have those devices installed if not currently in place by the Maintenance Director and/or designee.how the corrective action(s) will be monitored to ensure the deficient practice not recur, i.e., what quality assurance program will be purinto placeThis will be monitor through the Environmental Comonthly for 6 months. It will be reviewed by the Quality Assurance Committee and an areas below 90% will have an action plan developed.	cted ring will ut ed QI oe			

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Event ID: XZPZ21

Facility ID: 000305

If continuation sheet

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	01	COMPLETED
		155625	B. WING		02/19/2013
		L		ADDRESS, CITY, STATE, ZIP CODE	
NAME OF P	ROVIDER OR SUPPLIEF	₹		CENTRAL AVE	
ADROD (	GROVE VILLAGE			ISBURG, IN 47240	
ARBOR	SINOVE VILLAGE				
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	`	ICY MUST BE PRECEDED BY FULL	PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		
TAG		LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	DATE
K010056	NFPA 101				
SS=E		ODE STANDARD			
		omatic sprinkler system, it is			
		dance with NFPA 13,			
		Installation of Sprinkler ide complete coverage for			
		building. The system is			
	•	ned in accordance with			
		ard for the Inspection,			
		ntenance of Water-Based			
	•	ystems. It is fully			
		re is a reliable, adequate			
	water supply for the system. Required				
		s are equipped with water			
	flow and tamper switches, which are electrically connected to the building fire				
	,	19.3.5	1/010056		02/21/2012
		vation and interview, the	K010056	what corrective action(s) will b	
		ensure 1 of 6 corridors		accomplished for those reside found to have been affected by	
	converted to qui	ck response sprinklers		the deficient practiceThe quick	· I
	was equipped th	roughout with quick		response sprinklers were orde	
	response sprinkl	ers which operate in a		and will be installed by PIPE in	
		nd achieve effective fire		the sprinkler vendor and	
	,	13, 1999 Edition,		supervised by the Maintenanc	e
				Director and/or designee.how	
		Installation of Sprinkler		other residents having the	
		states the requirements for		potential to be affected by the	
		n, and position of		same deficient practice will be	
	sprinklers shall l	be based on the following		identified and what corrective action(s) will be takenAll reside	ente
	principles: (3) S	prinklers positioned and		have the potential to be affected	
		provide satisfactory		by the alleged deficient	
				practice.The sprinklers were	
	performance with respect to activation time and distribution. 5-3.1.5.2 states			inspected by the Maintenance	
				Director and PIPE inc to ensur	
		ght hazard systems are		that all areas had the appropri	ate
		quick response or		sprinkler heads in place. No	
	residential sprin	klers, all sprinklers in a		other areas were identified as	
	compartmented	space shall be changed.		needing addressed.what	
	This deficient or	ractice could affect 18		measures will be put into place	
	· · ·			what systemic changes will be	,

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NAME OF PROVIDER OR SUPPLIER ARBOR GROVE VILLAGE  NAME OF PROVIDER OR SUPPLIER ARBOR GROVE VILLAGE  OX-10 D SUMMARY STATEMENT OF DEFICIENCIES TAG REGISTATORY OR ISC IDENTIFYING INFORMATION)  Tesidents who reside on 300 Hall.  Findings include:  Based on observations on 02/19/13 during a tour of 300 Hall from 12-20 p.m. to 1:15 p.m. with the maintenance supervisor, the 300 Hall corridor had thirteen Ordinary rated sprinklers and three Quick Response rated sprinklers in the same location. This was verified by the maintenance supervisor at the time of observations and confirmed by the administrator at the exit conference on 02/19/13 at 2:00 p.m.  3.1-19(b)  STREET ADDRESS, CITY, STATE, ZIP CODE 10/21 E CENTRAL AVE GREENSBURG, IN 47240  GREENSBURG, IN 47240  IN PREETX TAG  IN PREETX TAG  IN PROVINCE VALUAGE  OX SID PREETX TAG  IN PREETX TAG  IN PROVINCE VALUAGE  OX SID PREETX TAG  IN PREETX TAG  IN PROVINCE VALUAGE  COMPLETION DATE  TAG  IN PREETX T	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) M	ULTIPLE CO	01	(X3) DATE S COMPL		
NAME OF PROVIDER OR SUPPLIER  ARBOR GROVE VILLAGE  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Tesidents who reside on 300 Hall.  Findings include:  Based on observations on 02/19/13 during a tour of 300 Hall from 12:20 p.m. to 1:15 p.m. with the maintenance supervisor, the 300 Hall corridor had thirteen Ordinary rated sprinklers and three Quick Response rated sprinklers and three Quick Response rated sprinklers in the same location. This was verified by the maintenance supervisor at the time of observations and confirmed by the administrator at the exit conference on 02/19/13 at 2:00 p.m.  3.1-19(b)  SUMMARY STATEMENT OF DEFICIENCIES (GREENSBURG, IN 47240  ID PROVIDERS PLAN OF CORRECTION (X5)  COMPLETION DATE  TAG  PREFIX (RACH CORRECTIVE ACTION SHOULD TO THE APPROPRIATE DEPLACEMENT OF COMPLETION (COMPLETION DATE)  TAG  PREFIX (RECH ADDRESS, CITY, STATE, ZIP CODE  1021 E CENTRAL AVE GREENSBURG, IN 47240   (X5)  COMPLETION DATE  TAG  PROVIDERS PLAN OF CORRECTION (COMPLETION DEPLACEMENT OF CORRECTION (COMPLETION DEPLACEMENT)  TAG  PREFIX (RECH ADDRESS, CITY, STATE, ZIP CADE  TAGE CORRECTIVE ACTION SHOULD DEPLACEMENT OF CORRECTION (COMPLETION DATE)  TAG  PREFIX (RECH ADRESS, CITY, STATE, ZIP CADE  TAGE  PREFIX (RECH ADRESS, CITY, STATE, ZIP CADE  TAGE  PREFIX (RECH APPROPRIATE  TAG  PROVIDERS PLAN OF CORRECTION (CASH)  TAG  PREFIX (RECH ADRESS, CITY, STATE, ZIP CADE  TAGE  PREFIX (RECH APPROPRATE  TAG  PROVIDERS PLAN OF CORRECTION (CASH)  TAG  PREFIX (RECH APPROPRATE  TAG  PREFIX (RECH APPROPRATE  TAG  PREFIX (RECH APPROPRATE  TAG	THIND TETHIN	or condition				<del></del>		
ARBOR GROVE VILLAGE  (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  Tresidents who reside on 300 Hall.  Findings include:  Based on observations on 02/19/13 during a tour of 300 Hall from 12:20 p.m. to 1:15 p.m. with the maintenance supervisor, the 300 Hall corridor had thirteen Ordinary rated sprinklers and three Quick Response rated sprinklers in the same location. This was verified by the maintenance supervisor at the time of observations and confirmed by the administrator at the exit conference on 02/19/13 at 2:00 p.m.  3.1-19(b)   ID PREFIX (CACH CORRECTION SIGULD BE (X5) (COMPLETION STORY STATE AND CORRECTION (CACH CORRECTION STORY STATE AND CORRECTION STORY STATE AND CORRECTION (CACH CORRECTIVE ACTION STORY STATE AND CORRECTION (CACH CORRECTION STORY STATE AND CORRECTION (CACH CORRECTIVE ACTION STORY STATE AND CORRECTION (CACH CORRECTIVE ACTION STORY STATE AND CORRECTION STORY STATE AND CORRECTIVE ACTION STORY STATE AND CORRECTION STATE AND CORRECTIO				B. WIN		DDDESS OF STATE 7D CODE	02/10/	
ARBOR GROVE VILLAGE  (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  (Findings include:  Based on observations on 02/19/13 during a tour of 300 Hall from 12:20 p.m. to 1:15 p.m. with the maintenance supervisor, the 300 Hall corridor had thirteen Ordinary rated sprinklers and three Quick Response rated sprinklers in the same location. This was verified by the maintenance supervisor at the time of observations and confirmed by the administrator at the exit conference on 02/19/13 at 2:00 p.m.  (X5) COMPLETION GRACH CORRECTION SHOULD BE PROOF SPLAN OF CORRECTION (CAS) (COMPLETION SHOULD BE PREFIX TAG FOR SPLAN OF CORRECTION (CAS) (COMPLETION SHOULD BE PREFIX TAG FOR SPLAN OF CORRECTION (CAS) (COMPLETION SHOULD BE PREFIX TAG FOR SPLAN OF CORRECTION (CAS) (COMPLETION SHOULD BE PREFIX TAG FOR SPLAN OF CORRECTION (CAS) (COMPLETION SHOULD BE PREFIX TAG FOR SPLAN OF CORRECTION (CAS) (COMPLETION SHOULD BE PREFIX TAG FOR SPLAN OF CORRECTION (CAS) (COMPLETION SHOULD BE PREFIX TAG FOR SPLAN OF CORRECTION SHOULD BE PREFIX TAG FOR SPLAN OF CORPETUR AND SPLAN OF	NAME OF P	ROVIDER OR SUPPLIER						
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  residents who reside on 300 Hall.  Findings include:  Based on observations on 02/19/13 during a tour of 300 Hall from 12:20 p.m. to 1:15 p.m. with the maintenance supervisor, the 300 Hall corridor had thirteen Ordinary rated sprinklers and three Quick Response rated sprinklers in the same location.  This was verified by the maintenance supervisor at the time of observations and confirmed by the administrator at the exit conference on 02/19/13 at 2:00 p.m.  (EACH COMPLETION SHOULD BE COMPLETION. THE COMPLETION SHOULD B		GROVE VILLAGE						
residents who reside on 300 Hall.  Findings include:  Based on observations on 02/19/13 during a tour of 300 Hall from 12:20 p.m. to 1:15 p.m. with the maintenance supervisor, the 300 Hall corridor had thirteen Ordinary rated sprinklers and three Quick Response rated sprinklers in the same location.  This was verified by the maintenance supervisor at the time of observations and confirmed by the administrator at the exit conference on 02/19/13 at 2:00 p.m.  3.1-19(b)  made to ensure that the deficient practice does not recurDuring required quarterly sprinkler inspections, the vendor will inspect all sprinklers to ensure that all appropriate sprinkler heads are in place. This will be supervised by the Maintenance Director. All areas identified as requiring further action during the inspection, will be immediately corrected.how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into placeThis will be monitored during quarterly routine sprinkler vendor and overseen by								· · ·
residents who reside on 300 Hall.  Findings include:  Based on observations on 02/19/13 during a tour of 300 Hall from 12:20 p.m. to 1:15 p.m. with the maintenance supervisor, the 300 Hall corridor had thirteen Ordinary rated sprinklers and three Quick Response rated sprinklers in the same location.  This was verified by the maintenance supervisor at the time of observations and confirmed by the administrator at the exit conference on 02/19/13 at 2:00 p.m.  made to ensure that the deficient practice does not recurDuring required quarterly sprinkler inspections, the vendor will inspect all sprinklers to ensure that all appropriate sprinkler heads are in place. This will be supervised by the Maintenance Director. All areas identified as requiring further action during the inspection, will be immediately corrected.how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into placeThis will be monitored during quarterly routine sprinkler inspections by the sprinkler vendor and overseen by		*				CROSS-REFERENCED TO THE APPROPRIATION OF THE APPROP	ΓE	
Findings include:  Based on observations on 02/19/13 during a tour of 300 Hall from 12:20 p.m. to 1:15 p.m. with the maintenance supervisor, the 300 Hall corridor had thirteen Ordinary rated sprinklers and three Quick Response rated sprinklers in the same location.  This was verified by the maintenance supervisors at the time of observations and confirmed by the administrator at the exit conference on 02/19/13 at 2:00 p.m.  practice does not recurDuring required quarterly sprinkler inspections, the vendor will inspect all sprinklers to ensure that all appropriate sprinkler heads are in place. This will be supervised by the Maintenance Director. All areas identified as requiring further action during the inspection, will be immediately corrected.how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into placeThis will be monitored during quarterly routine sprinkler vendor and overseen by	IAG			-	IAG			DATE
i . In the second contribution of $i$ . In the second contribution $i$ . In the second contribution $i$ . In the second contribution $i$ .		Based on observer a tour of 300 Halp.m. with the mass 300 Hall corridor rated sprinklers are rated sprinklers are the supervisor at the confirmed by the conference on 020 to 150	ations on 02/19/13 during Il from 12:20 p.m. to 1:15 intenance supervisor, the r had thirteen Ordinary and three Quick Response in the same location. d by the maintenance time of observations and e administrator at the exit			practice does not recurDuring required quarterly sprinkler inspections, the vendor will inspect all sprinklers to ensure that all appropriate sprinkler heads are in place. This will b supervised by the Maintenance Director. All areas identified a requiring further action during inspection, will be immediately corrected.how the corrective action(s) will be monitored to ensure the deficient practice who trecur, i.e., what quality assurance program will be put into placeThis will be monitored during quarterly routine sprinkler vendor and overseen by	e e s the rill	

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STATEMEN	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SUR			SURVEY	
AND PLAN	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		a. BUILDING 01			COMPLETED	
	155625		B. WIN		<del></del>	02/19/	2013
			D. WIN		ADDRESS, CITY, STATE, ZIP CODE		
NAME OF P	ROVIDER OR SUPPLIER						
ADROD (	GROVE VILLAGE		1021 E CENTRAL AVE GREENSBURG, IN 47240				
				OKLLIN			
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	Έ	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
K010062	NFPA 101						
SS=F	LIFE SAFETY CO						
		tic sprinkler systems are					
		ntained in reliable operating					
		inspected and tested					
	NFPA 25, 9.7.5	0.7.6, 4.6.12, NFPA 13,					
		ervation and interview,	K01	0062	what corrective action(s) will be	۵	03/21/2013
		· · · · · · · · · · · · · · · · · · ·	1201	10002	accomplished for those reside		03/21/2013
	_	to provide a complete			found to have been affected by		
	supply of spare s	•			the deficient practiceThe red	•	
	•	ler system in accordance			liquid quick response sprinkler	s	
	with NFPA 25, 1	998 Edition, the			were ordered and will be in sto	-	
	Standard for the	Inspection, Testing, and			in the facility by 3/21/13 by the		
	Maintenance of V	Water-Based Fire			Maintenance Director.The gaps around the sprinkler excushion were repaired by the Maintenance		
	Protection System	ms, Section 2-4.1.4 which					
	_	of at least six spare			Director.how other residents	nce	
		be stored in a cabinet on			having the potential to be affect	ted	
	-				by the same deficient practice		
	•	replacement purposes.			be identified and what corrective	ve	
	•	re sprinklers shall be			action(s) will be takenAll reside		
		epresentative of the types			have the potential to be affected		
	and temperature	ratings of the system			by the alleged deficient		
	sprinklers. A mi	nimum of two sprinklers			practice.The red liquid quick	rod	
	of each type and	temperature rating			response sprinklers were ordered and will be in stock in the facility by 3/21/13 by the Maintenance		
	installed shall be	provided. This deficient					
		fect all residents, staff			Director. The gaps around the		
	-	e sprinkler system had to			sprinkler excushions were		
		cause a proper quick			repaired by the Maintenance		
					Director. The facility was		
		er wasn't available as a			inspected, and no other sprink		
	replacement.				excushions were identified.what measures will be put into place		
					what systemic changes will be	, Oi	
	Findings include	:			made to ensure that the deficie	ent	
					practice does not recurDuring		
	Based on observa	ations on 02/19/13 during			routine quarterly sprinkler		
		cility from 9:20 a.m. to			inspections, the sprinkler head		
	1:40 p.m. with th				stock will be reviewed for		
	1. то р.ш. wiш и	ic manifoliunec			adequate supply of all necessa	ary	

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STATEMEN	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	ULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		a. Building 01			COMPLETED		
155625		B. WING 02/19/2013			02/19/2013		
			B. WIIV		ADDRESS, CITY, STATE, ZIP CODE		
NAME OF PROVIDER OR SUPPLIER					CENTRAL AVE		
ΔRR∩R (	GROVE VILLAGE				ISBURG, IN 47240		
				GILLIN			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES			ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX	`	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	COMPLETION	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG		DATE	
	supervisor, red li	iquid filled quick			sprinkler heads by the		
	response sprinkle	ers with a temperature			Maintenance Director and/or		
	rating of 145 des	grees F were observed in			designee. The sprinkler excushions will be inspected		
	"	ridor, 200 Hall corridor,			during quarterly sprinkler		
		r, and the 400 Hall			inspections to ensure proper		
		on observation of the			fitting and routine rounds will b	e	
					completed by the Maintenance		
		abinet located in the 200			Director and/or designee.how	the	
		ser room on 02/19/13 at			corrective action(s) will be		
	11:50 a.m. with				monitored to ensure the deficie		
	supervisor, there	were no red liquid filled			practice will not recur, i.e., wha		
	quick response s	prinklers in the spare			quality assurance program will put into placeDuring routine	be	
		This was verified by			quarterly sprinkler inspections,		
	_	supervisor at the time of			the sprinkler head stock will be		
		confirmed by the			reviewed for adequate supply		
		•			all necessary sprinkler heads l	ру	
		the 2:00 p.m. exit			the Maintenance Director and/		
	conference on 02	2/19/13.			designee. Insufficient supplies		
					will be addressed immediately	- 1	
	3.1-19(b)				the Maintenance Director and/	or	
					designee. The sprinkler excushions will be inspected		
	2. Based on obs	ervation and interview,			during quarterly sprinkler		
	the facility failed	l to ensure 2 of over 300			inspections to ensure proper		
		n the facility were			fitting and routine rounds will b	e	
	_	s deficient practice could			completed by the Maintenance	•	
		•			Director and/or designee.		
		s who reside in resident					
		residents who reside in					
	resident room 30	99.					
	Findings include	y:					
	Based on observ	ations on 02/19/13 during					
		lity with the maintenance					
		-					
	_	9:20 a.m. to 1:40 p.m.,					
	_	rinkler head escutcheon in					
	resident room 41	3 and the sprinkler head					

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  155625		A. BUI	A. BUILDING  B. WING			COMPLETED 02/19/2013			
	NAME OF PROVIDER OR SUPPLIER  ARBOR GROVE VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE  1021 E CENTRAL AVE  GREENSBURG, IN 47240					
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	TE	(X5) COMPLETION DATE		
	309 were not flust one half inch gap above. This was maintenance sup observations and	ervisor at the time of confirmed by the the 2:00 p.m. exit							

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Event ID: XZPZ21

Facility ID: 000305

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  155625		A. BUILDING B. WING  COMPLETED 02/19/2013  STREET ADDRESS, CITY, STATE, ZIP CODE					
NAME OF PROVIDER OR SUPPLIER  ARBOR GROVE VILLAGE			1021 E CENTRAL AVE GREENSBURG, IN 47240				
(X4) ID PREFIX TAG K010067	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	TE	(X5) COMPLETION DATE
SS=F	LIFE SAFETY CO Heating, ventilating comply with the pare installed in ac manufacturer's sp. 9.2, NFPA 90A, Based on observe facility failed to corridors were not a return air sy ventilating, or aid ductwork serving 90A, Standard for Conditioning and 2-3.11.1 requires not be used as a or exhaust air sy areas. This deficit resident in the facility failed on observe a tour of the facility p.m. with the supervisor, all rothe egress corridors was verified supervisor at the confirmed by the	ing, and air conditioning provisions of section 9.2 and accordance with the pecifications. 19.5.2.1, 19.5.2.2 ation and interview, the ensure 7 of 7 egress of being used as a portion stem/plenum for heating, in conditioning (HVAC) and adjoining areas. NFPA for the Installation of Air and Ventilation Systems at a segress corridors shall potion of a supply return stem serving adjoining client practice affects all cility.	KO	10067	what corrective action(s) will be accomplished for those reside found to have been affected by the deficient practice2 of the 4 resident room wings are corrected and in compliance we return air vents in the rooms. other 2 allegedly affected reside room wings will be corrected by April 30, 2013 by Phoenix Refrigeration. The supplies for the remainder of the project has been ordered by Phoenix Refrigeration and should arrive within 30 days of 3/8/13 so that work can begin and be completely the projected completion date. how other residents having the potential to be affected by same deficient practice will be identified and what corrective action(s) will be takenAll reside have the potential to be affected by the alleged deficient practice of the 4 resident room wings a corrected and in compliance we return air vents in the rooms. other 2 allegedly affected residence with the potential to the remainder of the project has been ordered by Phoenix Refrigeration. The supplies for the remainder of the project has been ordered by Phoenix Refrigeration and should arrived within 30 days of 3/8/13 so that within 30	rits y  vith The dent y  r ave e at eted ng the ents ed ee. 2 re vith The dent y  r ave	04/30/2013

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Event ID: XZPZ21

Facility ID: 000305

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PRINTED: 03/15/2013 FORM APPROVED OMB NO. 0938-0391

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO A. BUILDING	01	COMPLETED		
		155625	B. WING		02/19/2013	
NAME OF F	PROVIDER OR SUPPLIER	t.		ADDRESS, CITY, STATE, ZIP CODE  CENTRAL AVE		
ARBOR (	GROVE VILLAGE		GREEN	NSBURG, IN 47240		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	(X COMPLI DAT	ETION
				work can begin and be completed by the projected completion date. what measures will be pinto place or what systemic changes will be made to ensuthat the deficient practice doe not recurBy April 30, 2013, all rooms will have return air venand no longer rely on the egrouridor as a return air system. This project will be completed Phoenix Refrigeration. It will be maintained and serviced be Phoenix Refrigeration and the Maintenance Director and/or designee on a routine basis to ensure compliance.how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., who quality assurance program with put into placeBy April 30, 201 rooms will have return air venand no longer rely on the egrouridor as a return air system. This project will be completed Phoenix Refrigeration. It will be maintained and serviced be Phoenix Refrigeration and the Maintenance Director and/or designee on a routine basis to ensure compliance.	eted  out  ire s Its ess Its ess Its ess Its ess Its ess Its ess Its Its ess Its Its ess Its Its Its Its Its Its Its Its Its I	

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Event ID: XZPZ21

Facility ID: 000305

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3)			(X3) DATE S	(3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NU		IDENTIFICATION NUMBER:	a. Building		COMPL	ETED	
	155625		B. WIN			02/19/	2013
(F. 0F. P					ADDRESS, CITY, STATE, ZIP CODE	<b>-</b>	
NAME OF P	ROVIDER OR SUPPLIER	t .		1021 E	CENTRAL AVE		
ARBOR GROVE VILLAGE				GREENSBURG, IN 47240			
(X4) ID		TATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	*	DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	ΤE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCE		DATE
K010143 SS=E	NFPA 101 LIFE SAFETY CO	ODE STANDARD					
30-L	Transferring of ox						
	3	75					
		m any portion of a facility					
		are housed, examined, or					
	1-hour fire-resisti	ration of a fire barrier of					
	1-11001 1116-1651511	ve construction,					
	(b) in an area tha	t is mechanically ventilated,					
	•	nas ceramic or concrete					
	flooring; and						
	(c) in an area nos	sted with signs indicating					
	· · ·	s occurring, and that					
	_	nmediate area is not					
	•	rdance with NFPA 99 and					
	the Compressed	Gas Association.					
	8.6.2.5.2	ention and intervious the	LO.	10143		_	03/08/2013
		ation and interview, the	KU.	10143	what corrective action(s) will b accomplished for those reside		03/08/2013
	_	ensure 1 of 1 oxygen			found to have been affected by		
	_	location was provided			the deficient practiceThe exha	•	
		ventilation. This			fan was replaced by the		
	_	e could affect 30 residents			Maintenance Director and is n		
	who reside on 40	JU Hall.			fully operable.how other reside having the potential to be affect		
					by the same deficient practice		
	Findings include	<b>:</b>			be identified and what correcti		
					action(s) will be takenAll reside		
	Based on observ				have the potential to be affected by the alleged deficient practic		
	•	pervisor on 02/19/13 at			The exhaust fan was replaced		
	· ·	00 Hall liquid oxygen			the Maintenance Director and	•	
	storage room, where six full liquid				now fully operable. A facility		
	oxygen containe	rs were stored had a			inspection was completed, no		
	ceiling exhaust fan located in the center of				other areas were identified as being affected by the alleged		
	the ceiling. Furt	hermore, the ceiling			deficient practice.what measur	res	
	exhaust fan was	not operational. Based			will be put into place or what	-•	
		with the maintenance			systemic changes will be made		
	supervisor on 02	1/19/13 at 9:30 a.m., the			ensure that the deficient practi	ce	

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	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  155625		A. BUILDING  B. WING		COMPLETED 02/19/2013		
	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE  1021 E CENTRAL AVE  GREENSBURG, IN 47240				
(X4) ID PREFIX TAG	(EACH DEFICIEN	FATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	(X5) COMPLETION DATE		
	storage of liquid transferring local The liquid oxyge exhaust fan bein confirmed by the	orage room is used for the oxygen and used as a tion by the nursing staff. In storage room ceiling ag inoperable was administrator at the exit 2/19/13 at 2:00 p.m.		does not recurRoutine rounds be conducted by the Maintenan Director and/or designee to ensure compliance. Any areas identified during the rounds will addressed timely by the Maintenance Director and/or designee.how the corrective action(s) will be monitored to ensure the deficient practice wont recur, i.e., what quality assurance program will be put into placeThis will be monitored through the Environmental Country for 6 months. This will be reviewed by the Quality Assurance Committee and any areas below 90% will have an action plan initiated. All areas identified with this tool will be addressed timely by the Maintenance Director and/or designee.	nce s II be vill II		

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